



NEWPORT BEACH FIRE DEPARTMENT

3300 Newport Blvd.

Newport Beach, CA 92663

(949) 644-3106 fax (949) 644-3120

INCIDENT REPORT REQUEST FORM

** Allow up to 10 days for reports to be available*

TYPE OF INCIDENT
(check appropriate box)

☐

FIRE

☐

MEDICAL *

Incident Number (if known)		
Date of Incident		
Incident Location		
Patient Name		

Person Making Request
- Print Name -

Signature

Date of Request

Telephone number where you can be reached for any questions: _____

When ready, records will be:

☐

Picked up @ Fire Administration

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Mailed to (address/city/state/zip):

(if not specified, records will be
available at Fire Admin.)

** Valid identification required for release of medical records. If someone other than the patient requests the medical records, a "medical records release form" signed and dated by the patient or a subpoena must be provided. If the patient is deceased, a copy of the death certificate must be presented. Without one of these documents, a copy of the incident report (not including medical records) will be released.*

Amount Due:

Records Fee: \$6.00/report

FOR OFFICE USE ONLY

Received By	
Completed By	
Date Completed	
Fee Amount Received	